## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 05, 2008 8:00 am Secretary of State

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DOCUMENT # N0700005298  1. Entity Name SERENOLA COMMUNITY CEMETERY INC					2-05-2008 90000	5 008 ****70.0	00
Principal Place 4209 SW 23I GAINESVILLE	RD STREET	Mailing Address 4209 SW 23RD STREET GAINESVILLE, FL 32608	1209 SW 23RD STREET		254 48    15    85    88   88	91 BYIN (1810 1810) 1816 18	<b>1</b> 1 ( <b>11</b> 1)
2. Principal Place of Business - No P.O. Box # 3. Mi		3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR2	E037 (12/06)	
City & State		City & State	City & State		396 4430	Applie Not Ap	d For oplicable
Zip Country		Zip	Zip Country		tatus Desired 🔟	\$8.75 Addition Fee Required	nal
6. Name and Address of Current Registered Agent				7. Name and Add	iress of New Register	ed Agent	
GARDNER, EARNESTINE A			Name				
-	23RD STREET LLE, FL 32608		Street Address		Not Acceptable)		
			City		F	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and take if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)	DA	re .	
SIGNATURE .		1			Τ		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp	paign Financing	\$5.00 May Be	Make ch	eck payable to partment of State	<del></del>
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make ch	eck payable to partment of State	,
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Earnestine Gardner (Earnestine Gardner) 1/30/08 352-2813391

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylore Proper